

INTRODUCTION

- 1 in 5 pregnant people experience PMADs, and 80% of postpartum deaths are preventable with treatment
- The U.S. perinatal mental health crisis disproportionately affects underserved communities
- Patients are four times more likely to follow up with mental health treatment offered at the same clinic compared with being referred elsewhere
- The collaborative care model (CoCM) is an integrated behavioral health model that has been shown to improve clinical outcomes, lower cost, and reduce health disparities in perinatal patients

OBJECTIVE

To evaluate effectiveness of a collaborative care model in a community-based obstetrics and gynecology practice

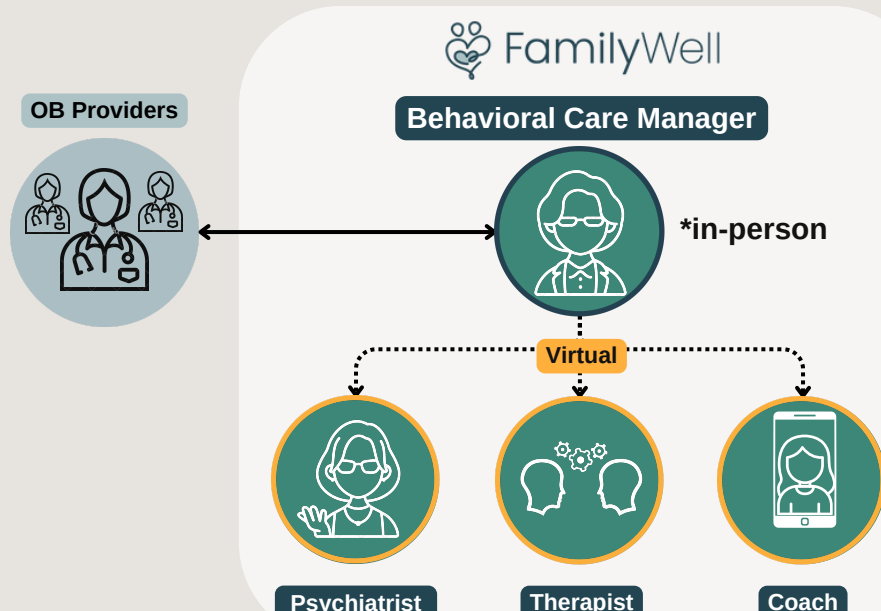
ENROLLMENT CRITERIA

- English-speaking, age ≥ 18 years
- EPDS ≥ 10 in pregnancy or up to 1 year postpartum (including after pregnancy loss or termination)
- Exclusion criteria
 - Suicidal ideation
 - Psychosis
 - Current inpatient psychiatric care or IOP enrollment

METHODS

- Intake session in person or virtual with licensed Behavioral Care Manager
- Patients with mild to moderate symptoms received care from a Perinatal Behavioral Health Coach
- Patients with severe symptoms received care from a licensed Perinatal Therapist
- Telehealth appointments 1-2x/week until remission, then ongoing care weekly-monthly based on need
- Weekly case reviews with care team including Psychiatric Provider and OB Provider
- Medication management by OB or Psychiatric Provider

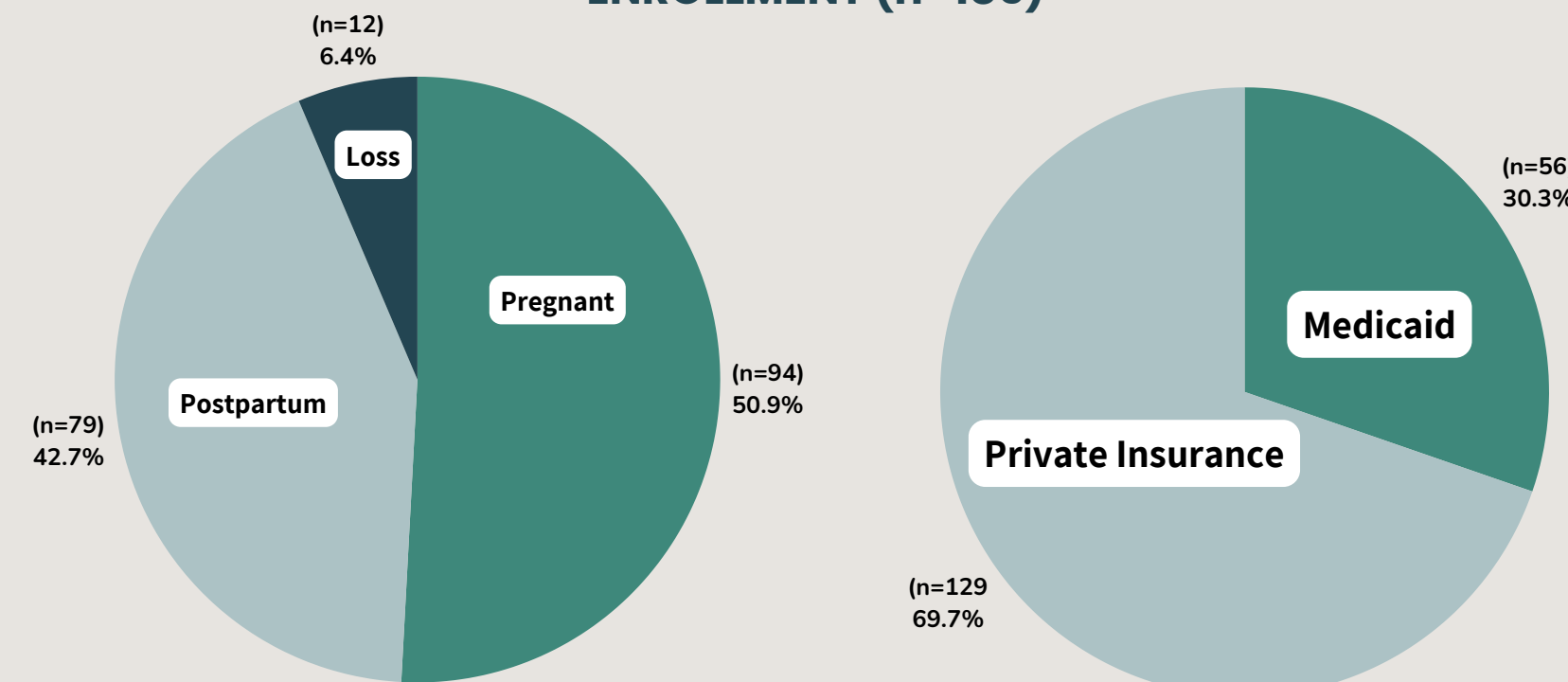
OBSTETRIC CLINIC



PRESENTED BY

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ENROLLMENT (n=185)



OUTCOME MEASURES

Symptom Improvement Mean monthly point reduction in PHQ-9 and GAD-7

	M	95% CI	p-value
PHQ-9 Symptom Change			
All Patients (N=185)	0.84	[-0.9, -0.8]	< .001
Patients with PHQ-9 scores ≥ 10 (n=70)	1.3	[-1.5, -1.2]	< .001
GAD-7 Symptom Change			
All Patients (N=185)	0.94	[-1.0, -0.9]	< .001
Patients with GAD-7 scores ≥ 10 (n=86)	1.3	[-1.5, -1.2]	< .001

Treatment Response (50% decrease in PHQ-9 and/or GAD-7) Time to Remission (PHQ-9 and/or GAD-7 < 5 on any follow up assessment)

	N	%
Treatment Response		
Patients with PHQ-9 scores ≥ 10 (n=70)	33	47
Patients with GAD-7 scores ≥ 10 (n=86)	45	52
Symptom Remission		
Patients with PHQ-9 scores ≥ 10 (n=70)	22	31
Patients with GAD-7 scores ≥ 10 (n=86)	26	30

PATIENT EXPERIENCE

"I feel as though this is an amazing program offered to moms postpartum. As a new mom, I need all the support I can get! My coach is comforting and I have felt as though I could let my guard down and be vulnerable about my thoughts and fears."

"It has been very helpful for me to have someone to talk through my feelings with as a first time mom that isn't a friend or family member. I feel like I can be more honest."

"I feel so seen and heard by my coach. I would not be able to go through this loss without her. I love that we connect weekly and she gives me strategies for tackling that week."

COACHING FOR PERINATAL MOOD DISORDERS

Measure	Therapy	Coaching
No. patients	43 (23.2%)	142 (76.8%)
Avg. Sessions to Remission	7.9	8.8
Median	6	7.5
Range	1-27	1-29

- Perinatal Behavioral Health Coaches are trained in cognitive behavioral coaching and perinatal mental health
- Certified Coaches work directly with pregnant and parenting people to provide emotional support, validation, mental health education, concrete coping tools, and wellness strategies
- All patients have text access to coaching support in addition to scheduled 1:1 sessions

CONCLUSIONS

A tech-enabled, coach-driven, perinatal collaborative care model integrated in Obstetric practices can provide equitable access to mental health care that is typically difficult and costly to obtain. FamilyWell's CoCM model led to significant improvement in perinatal depression and anxiety symptoms in as little as one month of engagement in the program, as well as improved patient and provider satisfaction.

Email us to learn more:
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